

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004199	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/03/2013
NAME OF PROVIDER OR SUPPLIER JASPER COUNTY HOSPITAL - ALTERNACARE UNIT		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 E GRACE ST ALTERNATE CARE UNIT RENSSELAER, IN 47978		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: October 2 and 3, 2013</p> <p>Facility number: 004199 Provider number: 002199 AIM number: N/A</p> <p>Survey team: Regina Sanders, RN, TC</p> <p>Census bed type: Residential: 15 Total: 15</p> <p>Census payor type: Residential: 15 Total: 15</p> <p>Sample: 7 Supplemental sample: 3</p> <p>Jasper County Hospital-Alternacare Unit was found to be in compliance with 410 IAC 16.2 in regard to the State Residential Licensure Survey.</p> <p>Quality Review 10/03/13 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE